

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-041449

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10452

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED OCT 24 1963

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Rev. 4/59

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TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Ann	
Length of stay in lb Life		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist Hospital		d. STREET ADDRESS (If outside, give location) 10306 St. Helen	
3. NAME OF DECEASED (Type or print) First MARTHA Middle JANE Last FITZWILLIAM		4. DATE OF DEATH Month October Day 19 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/13/1873
9. AGE (last birthday) 90		10. IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		12. KIND OF BUSINESS OR INDUSTRY Own Home	
13. BIRTHPLACE (City and state or country) St. Louis, Missouri		14. CITIZEN OF WHAT COUNTRY USA	
15. FATHER'S NAME Harry A. Bradshaw		16. MOTHER'S MAIDEN NAME Mary Ann Smith	
17. NAME OF HUSBAND OR WIFE Thomas B. Fitzwilliam		18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
19. INFORMANT Mrs. H. T. Fitzwilliam		20. ADDRESS 10306 St. Helen	
21. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Bladder Carcinoma 181.0		INTERVAL BETWEEN ONSET AND DEATH 10 days mos.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Marked Cerebro Arteriosclerosis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
22. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	23. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	24. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
25. TIME OF INJURY Hour 3:30 a.m. 3:30 p.m.		26. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
27. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		28. CITY, TOWN, OR LOCATION St. Louis County, Missouri	
29. I attended the deceased from April 1963 to Oct 19, 1963 and last saw her alive on Oct 19, 1963 Death occurred at 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		30. DATE SIGNED 10/21/63	
31. SIGNATURE (Degree or title) Miles C. Whitener MD		32. ADDRESS 8923 Midland, St. Louis 14	
33. BURIAL, CREMATION, REMOVAL (Specify) Removal		34. DATE 10/21/1963	
35. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		36. LOCATION (City, town, or county) St. Louis County, Missouri	
37. FUNERAL DIRECTOR Alexander & Sons		38. ADDRESS 6175 Delmar Blvd.	
39. DATE RECD. BY LOCAL REG. OCT 21 1963		40. REGISTRAR'S SIGNATURE Loat Smith. M.D.	

(Licensed Embalmer's Statement on Reverse Side)

Dr. Miles C. Whitener

8923 Midland Ave.

Ha. 9-1500

J. S. Deelman

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

J. Allen Davis

Licensed Embalmer No. *4053*

P. O. Address *H.L.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.